

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						APPLICANT(S)	FILING DATE				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2	1					52					
3	18					53					
4	67					54					
5	18					55					
6	1					56					
7	10					57					
8	1					58					
9	1					59					
10	12					60					
11	67					61					
12	10					62					
13	67					63					
14	18					64					
15	1					65					
16	1					66					
17						67					
18	1					68					
19						69					
20	1					70					
21						71					
22	1					72					
23	1					73					
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42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	4					TOTAL IND.					
TOTAL DEP.	18	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS	22	██████████	██████████	██████████	██████████	TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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